Additional inventors are being named on.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN **APPLICATION DATA SHEET (37 CFR 1.76)**

As the below named inventor(s), I/we declare that:					
This declaration is directed to:					
☑ The at	tached application, or				
☐ Applica	ation No, filed on,				
as	amended on(if applicable);				
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;					
I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;					
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and					
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.					
FULL NAME OF INVENTOR(S					
Inventor one: PAFFI CODILIA	My Codilia-				
Signature:	odelica Citizen of: UNITED STATES				
Inventor two:					
Signature:	Citizen of: UNITED STATES				
Inventor three:					
Signature:	Citizen of:				
Inventor four:					
Signature:	Citizen of:				

additional form(s) attached hereto. Burden Hour Statement This collection of information is required by 35 U.S C. 115 and 37 CFR 1.63 The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U S C 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	UNKNOWN		
Filing Date	HEREWITH		
First Named Inventor	RAFFI CODILIAN		
Group Art Unit	UNKNOWN		
Examiner Name	UNKNOWN		
Attorney Docket Number	K35A0824		

I hereby appoint:					7	
Practitioners at Customer Number 26332 Nur Nur			Place Customer Number Bar Code .abel here			
Name			Registration Number			
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.						
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number.						
OR					:	
Firm <i>or</i> Individual Name						
Address						
Address		 -				
City		State		Zip		
Country	, , , , , , , , , , , , , , , , , , , ,					
Telephone		Fax				
I am the: Applicant/Invento	- n					
Applicant/invento	Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
SIGNATURE of Applicant or Assignee of Record						
Name RAFF CODILIAN						
Signature Valida						
Date // (/21/01						
NOTE: Signatures of all the invertors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						

Burden Hour Statement. This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time—you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/81 (10-00) Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	UNKNOWN
Filing Date	HEREWITH
First Named Inventor	RAFFI CODILIAN
Group Art Unit	UNKNOWN
Examiner Name	UNKNOWN
Attorney Docket Number	K35A0824

I hereby appoint:					
 ✓ Practitioners at Customer Number 26332 OR □ Practitioner(s) named below: 	Place Customer Number Bar Code Label here				
Name	Registration Number				
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.					
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number.					
OR					
Firm or Individual Name					
Address					
Address					
City	State Zip				
Country					
Telephone	Fax				
I am the:					
Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
Name ANIL SAREEN					
Signature Aut Mix					
Date 6/21/2001					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
✓*Total offorms are submitted.					

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.